

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014099

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 1153

STATE FILE NUMBER

FILED APR 11 1963

1. PLACE OF DEATH  
a. COUNTY

St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo b. COUNTY St Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Country Club Hills

Length of stay in 1b  
Years

c. CITY OR TOWN Country Club Hills  
Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 5618 Gatesworth Avenue

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
5618 Gatesworth Avenue  
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
JOSEPH J. CASEY

4. DATE OF DEATH  
Month Day Year  
April 2, 1963

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
6-10-1897

9. AGE (last birthday) 65  
IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY  
Western

11. BIRTHPLACE (City and state or country)  
St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME  
Michael J. Casey,

13b. MOTHER'S MAIDEN NAME  
Mary Ann Dwyer

14. NAME OF HUSBAND OR WIFE  
Mrs Dorothy M. Casey,

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

17. INFORMANT  
Address  
Mrs Dorothy M. Casey, 5618 Gatesworth Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction as a result of

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerosis CV dis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

None

PART III. If deceased was female, was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐  
None

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, country office, etc.)  
Home

20f. CITY, TOWN, OR LOCATION  
COUNTY STATE

21. I attended the deceased from June 6, 1961 to Apr. 2, 1963 and last saw him alive on Mar. 19, 1963  
Death occurred at 10:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)  
Henry E. Offenheimer, M.D.

22b. ADDRESS  
35 N. Central Ave.

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE  
4-6-1963

23c. NAME OF CEMETERY OR CREMATORY  
Calvary Cemetery

23d. LOCATION (City, town, or county) (State)  
St. Louis, Missouri.

24. FUNERAL DIRECTOR  
ADDRESS  
Math. Hermann & Son Inc. 2161 E. Fair Ave.

25. DATE RECD. BY LOCAL REG.  
4-4-63

26. REGISTRAR'S SIGNATURE  
John E. Murphy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 4000

2 4000

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13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 5146

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, He also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.